CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

COPY STATEMENT OF ECONOMIC INTERESTS COVER PAGE



APR 04 2011



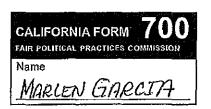
Ple	ase type or print in ink.			CLLA OFFICE DEPARAM	
HAM	ME OF FILER	LAST)	(FIRST)	(MIDDLE)	
	arcia		Marlen		
1.	Office, Agency, or Court				
	Agency Name				
	City of Baldwin Park	- Parki-	V. B. M.		
	Division, Board, Department, District, if a	pplicable	Your Position		
•	City Council		Council Member	·	
	► If filing for multiple positions, list below	or on all adactingut.	D .134 .t.	_	
	Agency: Foothill Transit		Position: Board Member	<u> </u>	
2.	Jurisdiction of Office (Check a				
!	State		☐ Judge (Statewide Jurisdicti		
	Multi-County		County of Los Angeles	<u> </u>	
[⊠ City of Baldwin Park		Other		
3.	Type of Statement (Check at lea	st one hox)			
	Annual: The period covered is Janu	•		l	
	2010or-		(Check one)	formal formations to the day of	
	The period covered is/	, through December 31,	O The period covered is leaving office.	January 1, 2010, through the date of	
[Assuming Office: Date/_	_1	 The period covered is of leaving office. 	, through the date	
[Candidate: Election Year	Office sought, if diff	erent than Part 1:		
4.	Schedule Summary	<u>,</u>		1	
C	Check applicable schedules or "None."	'	Total number of pages including t	nls cover page:	
Ε	Schedule A-1 - Investments – sched	ule attached [Schedule C - Income, Loans, &	Business Positions - schedule attached	
	Schedule A-2 · Investments - sched	*	Schedule D - Income Gifts s		
Ļ	Schedule B - Real Property - sched	ule atlached [Schedule E · Income - Gifts - 7	Travel Payments - schedule attached	
		•07•	ele on any echadula		
None - No reportable interests on any schedule					
	nave used an reasonable dingence in pre erein and in any aliached schedules is ti			Hea	
	certify under penalty of perfury under				
Da	ate Signed 3/3//00/	Signal Si			

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION					
Name					
MARLEN GARCIA					

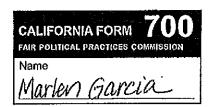
	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
SOUTHERN CALIFORNIA PERMANENTE MEDICAL	Yjkoup
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
LOIL BALDWIN PARK BLVD., B.P., CA 91706	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
HEALTH MAINTENANCE ORGANIZATION	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
MANAGIER	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$500 · \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered'domestic partner's income	Salary Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership	Loan repayment Partnership
Sale of	Sale of
(Property, cer, boat, etc.)	(Property, cer, boat, etc.)
Commission or Rental Income, 4st each source of \$10,000 or more	Commission or Rental Income, fist each source of \$10,000 or more
Other (Describe)	Other(Describe)
	j ·
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	
* You are not required to report loans from commercial	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	in the lender's regular course of business on terms
available to members of the public without regard to y	your official status. Darsonal loops and loops received
not in a lender's regular course of business must be o	
NAME OF LENDER*	
NAME OF LENDER*	Interest rate Term (Months/Years)
NAME OF LENDER* ADDRESS (Business Address Acceptable)	disclosed as follows:
	INTEREST RATE TERM (Months/Years)
	interest rate TERM (Months/Years)
ADDRESS (Business Address Acceptable)	isclosed as follows: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	INTEREST RATE TERM (Months/Years)

SCHEDULE D Income - Gifts



► NAME OF SOURCE	NAME OF SOURCE
WASTE MANAGEMENT	The Afriat CONSULTING, GROUP, INC.
ADDRESS (Business Address Accoptable) 13.7. C.A	ADDRESS (Business Address Acceptable)
13940 E. LIVE OAK AVE, 91706	4107 MAGNOLIA BLVD., BURBANK, C
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
WASTE HAULER	CONSULTANTS, BUSINESS KEDEVELOPME
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 02/18/10 75.00 Dinner 05/12/10 75.00 Dinner	01,18,10 ,30.00 Dinner
07,09,10 : 75.00 Dinner	04,22,10 ,50.00 Denner
08,24,10 , 75,00 Dinner	
► NAME OF SOURCE	► NAME OF SOURCE
SUPERIOR GROCERS	MAYERO NAVE LAW FIRM
ADDRESS (Business Address Acceptable) 15510 CARMENITA RD. SANTA ESPRINGS, CA	ADDRESS (Business Address Acceptable)
15510 CARMENITA KD. 90620	PROFESSIONAL LAW CORPORATION
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
SUPER MARKET/GROCERS	LEGAL/ATTORNEY SERVICES
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03,10,2010, 75.00 Dinner	03,04,10 ,50,00 Denner
06,01,10,75.00 Dinner	03,18,10 ,50.00 Dunner
► NAME OF SOURCE	► NAME OF SOURCE
DELTERRA	ALESHIRE & WYNDER, LLP ADDRESS (Business Address Acceptable) GARDEN
ADDRESS (Business Address Acceptable)	AODRESS (Business Address Acceptable) (5/5 LV. 1907H ST., STE. 565 CA 9024
13181 CROSSROADS PRWY. No., STE 200	15/5 W. 1907H ST., STE. 565 CA 9024
BUSINESS ACTIVITY, IF ANY, OF SOURCE (ity of Tradustry	8USINESS ACTIVITY, IF ANY, OF SOURCE
CONSTRUCTION MANAGEMENT	LEGAL/ATTORNEY SERVICES
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
02,09,10 , 75,00 Dinner	09,16,10 ,59.11 Dinner
08,29,10 ,25:00 Denner	
09,13,10 , 30,00 Dinner	

SCHEDULE D Income - Gifts



► NAME OF SOURCE	➤ NAME OF SOURCE		
VEOLIA TRANSPORTATION, INC.	D.C. CORPORATION		
ADDRESS (Business Address Acceptable)	ADDRECO (Business Address Associatio)		
720 E.BUTTERFIFLD RD, STE. 300,	1773 W. SANBERNARDINO RD., STE. B42		
BUSINESS ACTIVITY, IF ANY, OF SOURCE LOMBARD, IL	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
PUBLIC TRANSPORTATION 60148	HOUSING DEVELOPMENT		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
Of,~,10 ,60.00 Tickets (2) to Coving	04,-,10 ,50.00 Dinner		
Playhouse Play Nunsense'	09,-,10 ,50.00 Dinner		
	12,-,10 ,100.00 Gift Basket		
➤ NAME OF SOURCE	► NAME OF SOURCE		
AAE INCORPORATED	P TOWNE OF SOURCE		
	ADDRESS (Business Address Acceptable)		
Company of the second of the s	ADDIKESS (Business Address Acceptable)		
(O) S. VALENCIA AVE., STE. 250 92823 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
1	BUSINESS ACTIVITY, IF AIVY, OF SCORCE		
ENGINEERING & GENERAL CITY SVCS. DATE (mm/dd/yy) VALUE DESCRIPTION OF GIPT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	Brie finitions Areas Broad Tion of the		
4,19,10 ,30.00 Dinner	\$		
10,27,10 : 30.00 Dinner	\$		
	\$		
➤ NAME OF SOURCE	➤ NAME OF SOURCE		
LAW OFFICE OF OLIVAREZ 4 HOGAN			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Addross Acceptable)		
424 N. LAKE AVE., PASADENA, CA 91101			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE .		
LEGAL/ATTORNEY SERVICES			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
9,29,10 50.00 Dinner			
7			
14-8			
Comments:			